Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office. U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## UTILITY PATENT APPLICATION **TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

| Attorney Docket No.    | 14590.0002           |     |
|------------------------|----------------------|-----|
| First Inventor         | SIMON BENITA         |     |
| Title                  | DRUG DELIVERY SYSTEM | 010 |
| Everess Mail Lahel No. |                      |     |

| See MPEP o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | APPLICATI<br>chapter 600 concen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                              |                                                                                                                                     | contents.                                        | ADDRE                             | SS TO:                                                                                              | Commissi<br>P.O. Box 1                                                                                                                                                 | Patent Applioner for Pa<br>1450<br>a VA 2231:            | atents                                  | . <u>.</u>        | 10 P   |
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| 2. Application Application See 37 3. Specification Specifi | ransmittal Form ( t an original and a c ant claims small 7 CFR 1.27. ication red arrangement se iptive title of the inv Reference to Rela ment Regarding Fe ence to sequence I omputer program li ground of the Inven Summary of the Inv Description of the De                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | duplicate for federatity status.  [Total Patt forth below] vention ted Application d sponsored Risting, a table, sting appendix tion vention | ges 43 s & D                                                                                                                        | 1                                                | 8. Nucle<br>(if app<br>a. [<br>b. | Computer Feotide and/ colicable, all Comp Speci i. State                                            | r CD-R in dupliprogram (Appe or Amino Acid necessary) uter Readable fication Seque CD-ROM or C Paper                                                                   | ndix) Sequence Form (Clance Listin D-R (2 co             | e Sub<br>RF)<br>ig on:<br>opies);       | mission or        | 17.    |
| - Claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | A                                                                                                                                            |                                                                                                                                     |                                                  | A                                 | CCOMP.                                                                                              | ANYING AF                                                                                                                                                              | PLICA                                                    | 1101                                    | YAKIS             |        |
| 4. Drawin 5. Oath or Dec a. Ne b. Cop                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ng(s) (35 U.S.C.<br>laration<br>wly executed (ori<br>py from a prior ap<br>continuation/div                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 113) [Total<br>[Total<br>ginal or copy<br>oplication (37<br>isional with E                                                                   | Sheets<br>)<br>CFR 1.63(d<br>lox 18 compl                                                                                           | 1                                                | 9.                                | 37 CFR 3<br>(when the<br>English T<br>Informatio<br>Statemer<br>Prelimina<br>Return Re<br>(Should b | ent Papers (cov.<br>1.73(b) Stateme<br>ere is an assign<br>ranslation Doc<br>on Disclosure<br>at (IDS)/PTO-14<br>ry Amendment<br>eceipt Postcard<br>be specifically in | ent [<br>nee)<br>ument (if<br>449<br>t (MPEP<br>temized) | <b>□</b> F<br>applic<br>□ C<br>503)     | Power of attorney |        |
| i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                              | 15. Certified Copy of Priority Document(s)                                                                                          |                                                  |                                   |                                                                                                     |                                                                                                                                                                        |                                                          |                                         |                   |        |
| name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                              | (if foreign priority is claimed)  16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 |                                                  |                                   |                                                                                                     |                                                                                                                                                                        |                                                          |                                         |                   |        |
| 6. Appl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ication Data She                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | et. See 37 C                                                                                                                                 |                                                                                                                                     |                                                  | 17.                               | or its equ<br>Other:                                                                                | ivalent.                                                                                                                                                               |                                                          | • • • • • • • • • • • • • • • • • • • • |                   |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NUING APPLICATION APPLICATION OF THE PROPERTY |                                                                                                                                              |                                                                                                                                     |                                                  |                                   |                                                                                                     | ation below an                                                                                                                                                         | d in the fi                                              | irst se                                 | ntence of the     |        |
| specification following the title, or in an Application Data Sheet under 37 CFR 1.76:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                              |                                                                                                                                     |                                                  |                                   |                                                                                                     |                                                                                                                                                                        |                                                          |                                         |                   |        |
| Continuation Divisional Continuation-in-part (CIP) of prior application No.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                              |                                                                                                                                     |                                                  |                                   |                                                                                                     |                                                                                                                                                                        |                                                          |                                         |                   |        |
| Prior application information:  Examiner  Art Unit:  For CONTINUATION OR DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.  The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                              |                                                                                                                                     |                                                  |                                   |                                                                                                     |                                                                                                                                                                        |                                                          |                                         |                   |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                              | 19. CC                                                                                                                              | RRESPON                                          | DENCE A                           | DRESS                                                                                               |                                                                                                                                                                        |                                                          |                                         |                   |        |
| Custon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ner Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                              |                                                                                                                                     |                                                  |                                   | O#                                                                                                  | Corre                                                                                                                                                                  | spondend                                                 | e ado                                   | Iress below       |        |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D. Douglas Pric                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                              |                                                                                                                                     |                                                  |                                   |                                                                                                     |                                                                                                                                                                        |                                                          |                                         |                   |        |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Address Steptoe & Johnson, BOX PTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                              |                                                                                                                                     |                                                  |                                   |                                                                                                     |                                                                                                                                                                        |                                                          |                                         |                   |        |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1330 Connectic<br>Washington                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ut Avenue, N                                                                                                                                 | <u>vv</u>                                                                                                                           | 1 1                                              | State DC                          |                                                                                                     |                                                                                                                                                                        | Zip C                                                    | Code                                    | 20036             |        |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | USA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | $-\mathcal{M}$                                                                                                                               | \ \ \ \                                                                                                                             | <del>                                     </del> | 100                               | 02-429-30                                                                                           | 00                                                                                                                                                                     | Fá                                                       |                                         | 202-429-3902      | !      |
| Name (Print/Ty                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | pe) D. Douglas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Price \                                                                                                                                      |                                                                                                                                     |                                                  | Registrati                        | on No. (Att                                                                                         | omey/Agent)                                                                                                                                                            | 24,514                                                   |                                         |                   |        |
| Signature Date 02/27/2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                              |                                                                                                                                     |                                                  |                                   |                                                                                                     |                                                                                                                                                                        |                                                          |                                         |                   |        |
| This collection of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | information is req                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | uired by 37 C                                                                                                                                | R 1.53(b). TI                                                                                                                       | ne information i                                 | s required to                     | obtain or re                                                                                        | lain a benefit by                                                                                                                                                      | the public                                               |                                         |                   | by the |

USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (10-03)

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| FEE TOAN                                              | CRAITTAI                        | Complete if Known               |                                                       |  |  |
| ਰ FEE TRAN                                            | SIVILLIAL                       | Application Number              |                                                       |  |  |
| for FY                                                | 2004                            | Filing Date                     | February 27, 2004                                     |  |  |
| Effective 10/01/2003. Patent fees are                 | _ • • •                         | First Named Inventor            | Simon Benita                                          |  |  |
| Applicant claims small entity status. See 37 CFR 1.27 |                                 | Examiner Name                   |                                                       |  |  |
|                                                       |                                 | Art Unit                        |                                                       |  |  |
| TOTAL AMOUNT OF PAYMENT                               | (\$) 830.00                     | Attorney Docket No.             | 14590.0002                                            |  |  |

| METHOD OF PAYMENT (check all that apply)                                                           | FEE CALCULATION (continued)                                                                |                |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------|--|--|--|--|--|
|                                                                                                    | ,                                                                                          |                |  |  |  |  |  |
| Check Credit card Money Other None                                                                 | 3. ADDITIONAL FEES Large Entity   Small Entity                                             |                |  |  |  |  |  |
| Deposit Account:                                                                                   | F                                                                                          |                |  |  |  |  |  |
| Deposit<br>Account                                                                                 | Tee Description                                                                            | ee Paid        |  |  |  |  |  |
| Number                                                                                             | 1051 130 2051 65 Surcharge - late filing fee or oath 1                                     | 30.00          |  |  |  |  |  |
| Deposit<br>Account Steptoe & Johnson                                                               | 1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet                     |                |  |  |  |  |  |
| Name The Director is authorized to: (check all that apply)                                         | 1053 130 1053 130 Non-English specification                                                |                |  |  |  |  |  |
| Charge fee(s) indicated below Credit any overpayments                                              | 1812 2,520 1812 2,520 For filing a request for ex parte reexamination                      | •              |  |  |  |  |  |
| Charge any additional fee(s) or any underpayment of fee(s)                                         | 1804 920* 1804 920* Requesting publication of SIR prior to Examiner action                 |                |  |  |  |  |  |
| Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account. | 1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action                | ]              |  |  |  |  |  |
|                                                                                                    | 1251 110 2251 55 Extension for reply within first month                                    |                |  |  |  |  |  |
| FEE CALCULATION                                                                                    | 1252 420 2252 210 Extension for reply within second month                                  |                |  |  |  |  |  |
| 1. BASIC FILING FEE Large Entity Small Entity                                                      | 1253 950 2253 475 Extension for reply within third month                                   |                |  |  |  |  |  |
| Fee Fee Fee Fee Paid                                                                               | 1254 1,480 2254 740 Extension for reply within fourth month                                |                |  |  |  |  |  |
| Code (\$)   Code (\$)   1001 770   2001 385   Utility filing fee   1750 00                         | 1255 2,010 2255 1,005 Extension for reply within fifth month                               |                |  |  |  |  |  |
| 1002 340 2002 170 Design filing fee 750.00                                                         | 1401 330 2401 165 Notice of Appeal                                                         |                |  |  |  |  |  |
| 1003 530 2003 265 Plant filing fee                                                                 | 1402 330 2402 165 Filing a brief in support of an appeal                                   |                |  |  |  |  |  |
| 1004 770 2004 385 Reissue filing fee                                                               | 1403 290 2403 145 Request for oral hearing                                                 |                |  |  |  |  |  |
| 1005 160 2005 80 Provisional filing fee                                                            | 1451 1,510 1451 1,510 Petition to institute a public use proceeding                        |                |  |  |  |  |  |
| SUBTOTAL (1) (\$) 750.00                                                                           | 1452 110 2452 55 Petition to revive - unavoidable                                          |                |  |  |  |  |  |
|                                                                                                    | 1453 1,330 2453 665 Petition to revive - unintentional                                     |                |  |  |  |  |  |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE                                                        | 1501 1,330 2501 665 Utility issue fee (or reissue)                                         |                |  |  |  |  |  |
| Extra Claims below Fee Paid                                                                        | 1502 480 2502 240 Design issue fee                                                         |                |  |  |  |  |  |
| Total Claims 15 -20** = 0 X 0 = 0                                                                  | 1503 640 2503 320 Plant issue fee                                                          |                |  |  |  |  |  |
|                                                                                                    | 1460 130 1460 130 Petitions to the Commissioner                                            |                |  |  |  |  |  |
| Multiple Dependent 0 = 0                                                                           | 1807 50 1807 50 Processing fee under 37 CFR 1.17(q)                                        |                |  |  |  |  |  |
| Large Entity   Small Entity Fee Fee   Fee Fee Fee Description                                      | 1806 180 1806 180 Submission of Information Disclosure Stmt                                |                |  |  |  |  |  |
| Code (\$) Code (\$)                                                                                | 8021 40 8021 40 Recording each patent assignment per property (times number of properties) |                |  |  |  |  |  |
| 1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3            | 1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a))              |                |  |  |  |  |  |
| 1203 290 2203 145 Multiple dependent claim, if not paid                                            | 1810 770 2810 385 For each additional invention to be                                      |                |  |  |  |  |  |
| 1204 86 2204 43 ** Reissue independent claims over original patent                                 | examined (37 CFR 1.129(b))  1801 770 2801 385 Request for Continued Examination (RCE)      |                |  |  |  |  |  |
| 1205 18 2205 9 ** Reissue claims in excess of 20                                                   | 1802 900 1802 900 Request for expedited examination                                        |                |  |  |  |  |  |
| and over original patent                                                                           | of a design application  Other fee (specify)                                               | <del>-  </del> |  |  |  |  |  |
| SUBTOTAL (2) (\$) .00                                                                              | *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) \$\frac{1}{3}0.                        | 00             |  |  |  |  |  |
| **or number previously paid, if greater, For Reissues, see above                                   |                                                                                            | 00             |  |  |  |  |  |
| SUBMITTED BY                                                                                       | (Complete (if applicable))                                                                 | <del></del>    |  |  |  |  |  |
| Name (Print/Type)  D. Douglas Price                                                                | Registration No. (Attorney/Agent) 24,514 Telephone 202-429-3000                            |                |  |  |  |  |  |
| Signature                                                                                          | Date 02/27/04                                                                              |                |  |  |  |  |  |

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.